

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0590682

05-18-2001 91564 035 ***550.00

DOCUMENT # F94000003680

1. Entity Name
STORAGETEK FINANCIAL SERVICES CORPORATION

Principal Place of Business 1000 SOUTH MCCASLIN BLVD. SUPERIOR CO 80027 US	Mailing Address 1000 SOUTH MCCASLIN BLVD. SUPERIOR CO 80027 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 84-1252056	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: POTTHOFF, BRYAN STREET ADDRESS: 1000 SOUTH MCCASLIN BLVD. CITY-ST-ZIP: SUPERIOR CO 80027	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: BYRNE, DAVID M STREET ADDRESS: 1000 SOUTH MCCASLIN BLVD. CITY-ST-ZIP: SUPERIOR CO 80027	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: KAREN L. LARSON STREET ADDRESS: 1000 S. MCCASLIN BLVD.. CITY-ST-ZIP: SUPERIOR, CO 80027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: PFEIFFENBERGER, JOHN R STREET ADDRESS: 1000 SOUTH MCCASLIN BLVD. CITY-ST-ZIP: SUPERIOR CO 80027	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: KALI, ROBERT J STREET ADDRESS: 1000 SOUTH MCCASLIN BLVD. CITY-ST-ZIP: SUPERIOR CO 80027	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: STATE, JOHN F STREET ADDRESS: 1000 SOUTH MCCASLIN BLVD. CITY-ST-ZIP: SUPERIOR CO 80027	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: THOMAS, DANIEL F STREET ADDRESS: 1000 SOUTH MCCASLIN BLVD. CITY-ST-ZIP: SUPERIOR CO 80027	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John F. State JOHN F. STATE/SECRETARY Date: 5/10/01 Daytime Phone #: 720-304-1125

CR2E034 (10/00)